**REQUEST TO GIVE MEDICATION**

I request that ………………………………………………………….. (full name of child)

Be given the following medication:

Please give clear instructions in writing as to how the medicine is to be administered. **The School will not administer medicine unless clear written instructions are given.**

Dosage:

The medication should be administered at the following times:

The medicine should be stored in the following way:

|  |
| --- |
| **NB: Medicines must be in the original container as dispensed by the pharmacy**I understand that I must deliver the medicine personally to the school office. **Emergency Contact Details** |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

*I understand that the administration of medicines is not a service that the school is obliged to provide and that no school staff can be expected to administer medicines.*

*The Governors and Executive Headteacher reserve the right to withdraw this service.*

Signature(s) Date